

PTO

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>535</i> <i>Jan</i>	<i>08-02-01</i> <i>10/15/01</i>

INDEX OF CLAIMS

		Requested	Non-requested
		Allowed	interference
		Carried	Appeal
		Restricted	Objection
Claim	Date	Claim	Date
1		101	
2		102	
3		103	
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